Please type a plus sign (+)) inside this box >	+
-----------------------------	---------------------	---

Please type a plus sign (+) inside this box

Based on PTO/SB/05

OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY **PATENT APPLICATION TRANSMITTAL**

Attome	y Docket No.	11-233		
First In	ventor or Applic	cation Identifier	ENDO et al.	
Title	SENSOR A	PPARATUS		

(Only fo	or new n	onprovisional a	pplications unde	r 37 C.F.R.§ 1	.53(b))	Expres	s Mail	Labe	l No.					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.					Commissioner for Patents ADDRESS TO: Mail Stop Patent Application Alexandria, VA 22313-1450									
3.) 4. (Spring (S Spring	cubmit an origin ecification escriptive title coss Reference ackground of ammary of the ief Description etailed Description etailed Description etailed Description etailed Description at the end of	n of the Drawin ption of the Properties of the P	Total Sheets [Total	odiment S 6 S 3 F.R. § 1.6 Sompleted S) eleting rapplication and 1.33(b WILLENTRY C.F.R. § 1.26 ate box, and	on,). 3)	a. b. c. 7. [8. [9. [10. [11. [13. [14. [15. [AC X X X X X X X X X X X X X X X X X X X	otide a oticable of control of co	nd/or A, all neon puter if er Copy rement if PANYI rement if nee: Different (when the specified be specified by specified copyright in the specified between the specified between the specified by spec	mino Accessary, Readable (identical verifying ING AFP apers (ENSO Care) (identical verifying ING AFP apers (ENSO Care) (identical verifying ING AFP apers (ENSO Care) (identical verifying ING AFP apers (identical verifying ING	cid Second Secon	omputer copy) Intity of above copies CATION PARTS In sheet & document(sheet & document(sheet & document(sheet)) Power of Attorney Interpolation Attorney MPEP 503) Intity of above copies MPEP 503) Itement filed in prior applications still proper and desired Document(sheet)	os ation,
P E u	Prior appl or CON inder Bo	lication information or x 4b, is conside	tion: Examiner_ DIVISIONAL A	PPS only: The	e entire dis	closure o	of the p	— orior ap	pplicational	Group on, from applicat	tion and i	an oa	th or declaration is su	- pplied rence.
					CORRES									
⊠ Cu	stomer N	Number or Bar (Code Label	(Insert	Customer I	234 No. or Atta		code l	abel her		c	orresp	oondence address below	,
Name		<u> </u>	· · ·		_									
										 -				
Addres	s						1							
City Country		<u> </u>	<u> </u>			State	<u></u> -	0) ===		Zip	Code	-		
1					Telepi	поле	1 (70	ა) 707	7-9110		Fax	(70	3) 707-9112	_
	Name	(Print/type)	DAVID G. F	POSZ	•		Re	gistratio	on No. (Attomey	/Agent)		37,701	
	Signat	ure	V	A	$\overline{\sim}$						Da	ite	March 11, 2004	7

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop Patent Application, Adington, VA 22202.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	Complete if Known					
FEE TRANSMITTAL	Application Number					
	Filing Date	March 11, 2004				
for FY 2004	First Named Inventor	ENDO et al.				
Effective 10/01/2003. Patent fees are subject to annual revision.	Examiner Name					
Applicant Claims small entity status. See 37 CFR 1.27	Art Unit					
TOTAL AMOUNT OF PAYMENT (\$) 810	Attorney Docket No.	11-233				

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
X Check Credit card Money Other None	3. ADDITIONAL FEES Large Entity Small Entity					
Deposit Account Deposit	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Account 50-1147	1051	130	2051	65	Surcharge – late filing fee or oath	
Number Deposit Account Name POSZ & BETHARDS, PLC	1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet	
The Commissioner is authorized to: (check all that apply)	1053	130	1053	130	Non-English specification	
Charge fee(s) indicated below	1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
Charge any additional fee(s) during the pendency of this application	1804	920*	1804	920*	Requesting publication of SIR prior to	
Charge fee(s) indicated below, except for the filling fee					Examiner action	
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
					• •	
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month	
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$) Fee Paid	1254	1,480	2254	740	Extension for reply within fourth month	
1001 770 2001 385 Utility filing fee 770	1255	2,010	2255	1005	Extension for reply within fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal	
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1.510	Petition to institute a public use proceeding	
9.00	1452	110	2452	55	Petition to revive – unavoidable	
SUBTOTAL (1) (\$) 770	1453	1,330	2453	665	Petition to revive – unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)	
Fee from Extra Claims below Fee Paid	1502	480	2502	240	Design issue fee	·
Total Claims 3 -20**= 0 x 18 = 0	1503	640	2503	320	Plant issue fee	
Independent Claims 0 × 86 = 0	1460	130	1460	130	Petitions to the Commissioner	
Multiple Dependent =	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806 8021	180	1806	180	Submission of Information Disclosure Stmt	
Code (\$) Code (\$)	0021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20	1809	770	2809 385 Filing a submission after final rejection (37 CFR § 1.129(a))			
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1203 290 2203 145 Multiple dependent claim, if not paid	1801	770	2801	385	Request for Continued Examination (RCE)	
1204 86 2204 43 **Reissue independent claims over original patent	1802	900	1802	900	Request for expedited examination	
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent		١	1		of a design application	
SUBTOTAL (2) (\$) 0	Other	fee (spe	cify)			
** or number previously paid, if greater, For Reissues, see above		ced by Bas	•	Fee Paid	SUBTOTAL (3) (\$) 0	'
SUBMITTED BY						
SOCIALITIED BY	Т.				Complete (if applicable)	

SUBMITTED BY Complete (if applicable)						
Name (Print/Type)	DAVID G. POSZ '	Registration No. (Attorney/Agent)	37,701	Telephone	(703) 707-9110	
Signature	12 m			Date	March 11, 2004	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.